



OFFICE OF THE CORONER  
PARISH OF CADDO  
STATE OF LOUISIANA  
2900 HEARNE AVENUE, SHREVEPORT LA 71103

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## INVESTIGATION INFORMATION

## Notification

02/16/2018 10:51	Paula Anderson	WKS PICU
Date / Time	Received By	Decedent Location
Willis Knighton South	Tiffany	212-5663
Notifying Agency	Agency Representative	Phone Number
Caddo	Hospital - Inpatient	<input checked="" type="checkbox"/>
Jurisdiction / Parish	Place of Death	Location Within City Limits

## Coroner Investigators

02/16/2018	Mary Whitehorn	Katrina Wright
Date of Investigation	Primary Investigator	Investigator 2
667894		City
Report Number	Investigator 3	Invoicing Code

## DEMOGRAPHICS

A		H			
First	Middle	Last	SSN	Marital Status	
2247 Legardy Street		Shreveport	LA	71107	
Address		City	State	Zip	
Black	Female	10/01/2013	02/16/2018 10:10	4	
Race	Sex	Date of Birth	Date/Time of Death	Age	Occupation

## LE / EMS INFORMATION

## LE Personnel

Reporting Officer	LE Agency	Phone
Elie	SPD	470-0514
Lead Detective	LE Agency	Phone
		18-23139
Additional Personnel	Law Enforcement Number	

## EMS

EMS Agency	EMS Unit	EMS Intervention
		<input type="checkbox"/> Yes <input type="checkbox"/> No

EXHIBIT

7

tabbles

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## INFORMANT INFORMATION

Found Dead By:

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

Last Seen Alive By:

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

Witness to Injury / Illness / Death

Name	Relationship	Address	Phone	Date
------	--------------	---------	-------	------

## INJURY DETAILS

☐ Yes ☐ No

Place of Injury:

Injured At Work

Location of Injury

☐ Same As Decedent Location☐ Location Within City Limits

Injury Address

City

Parish

State

Zip

Date of Injury

Time of Injury

Injury Description

## MEDICAL CARE INFORMATION

Willis Knighton South

2510 Bert Kouns Ind 71118

212-5000

Hospital / Care Facility / Hospice

Address

Phone

02/10/2018

John Horan

Admission / SOC Date

Attending Physician

Phone

Admitting Diagnosis

Cardiac Arrest

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# MEDICAL HISTORY

Do

Death Pronounced By

Primary Care Physician

Physician Address

Physician Phone

Past Medical History

Past Surgical History

Asthma  
Autism

Drugs

☐ Yes ☒ No

Alcohol

☐ Yes ☒ No

Tobacco

☐ Yes ☒ No☐ Other

Communicable Diseases

☐ Yes ☐ No ☒ Unknown

Communicable Diseases List

Medication Collected

☐ Yes ☒ No

Current Medication List

Medication

Dosage

Quantity

Interval

# SCENE DESCRIPTION

Physical Location of Body

Ambient Temp (F)

Date / Time Taken

Weather Conditions

Forced Entry ☐ Yes ☐ NoDoors State ☐ Locked ☐ UnlockedWindows State ☐ Locked ☐ Unlocked

Who Forced Entry

Doors Condition

Windows Condition

☐ Yes ☐ No☐ Weapon Found

Illegal Drugs /Alcohol

Weapon

Surface Type Where The Body Was Found

Scene Description

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MOTOR VEHICLE COLLISION (MVC) INVESTIGATION

Decedent Position \_\_\_\_\_ Restraints Used \_\_\_\_\_

Helmet Used ☐ Yes ☐ No No. of Vehicles \_\_\_\_\_ No. of Fatalities \_\_\_\_\_

Year / Make / Model of Vehicle of Decedent \_\_\_\_\_

Illegal Drugs / Alcohol Present ☐ Yes ☐ No ☐ Unknown

Were Air Bags Present ☐ Yes ☐ No

Did Air Bags Deploy ☐ Yes ☐ No

Road Type \_\_\_\_\_ Road Surface \_\_\_\_\_

Road Conditions \_\_\_\_\_ Posted Speed Limit \_\_\_\_\_

☐ Divided Roadway

☐ Undivided Roadway

Mile Post Marker \_\_\_\_\_

Traffic Control \_\_\_\_\_ Functioning ☐ Yes ☐ No



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## BODY VIEW

Mary Johnson		02/16/2018 15:36		Hospital	
Viewed By		Viewed On		View Location	
Black	Medium	Straight	N/A	N/A	
Hair Color	Hair Length	Hair Texture	Beard	Mustache	
Brown	Full	3 1/2		40	
Eye Color	Dentition	Length		Weight	
Toenail Polish	Eyeglasses Present	Circumcised	Fingernail Polish	Fingernails Broken	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Short	Rigor Mortis		None		
Fingernails Length			Rigor Description		
Body Temperature	Date Time	Method Taken		Temperature (F)	
<input type="checkbox"/> Livor Fixed	<input checked="" type="checkbox"/> Livor Not Fixed				
		Livor Description			
<input type="checkbox"/> Clothed	<input type="checkbox"/> Unclothed	<input checked="" type="checkbox"/> Partially Clothed			
hospital gown, diaper		Clothing Description			
Blood Present		Blood Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Jewelry Present	Jewelry Removed	Jewelry Description			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Identifying Features					
Tattoos	Wounds	Fractures	Other		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Scars	Deformities	Signs of Medical Intervention			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Personal Effects Present		Personal Effects Removed			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Photos Taken During Body View					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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## NEXT OF KIN

Jennifer Alexandria

Mother

210-3821

Name

Relationship

Phone

Address

City

State

Zip

Notified

☐ Yes ☐ No

Notified By

Date &amp; Time Notified

## DISPOSITION OF CASE

☒ Released To Funeral Home

Benevolent

1624 Milam 71103

221-1627

Funeral Home

Address

Phone

☒ Autopsy Authorized By Coroner

Dr. James Traylor - LSUHSC

Pathologist Notified

☒ Yes ☐ No

Pathologist

☐ Out Of Jurisdiction☐ Body On Hold At Morgue

Case Transferred To

Date / Time of Transfer

☐ Toxicology Without Autopsy☐ Private Autopsy Ordered☐ Not A Coroner's Case☐ Cremation Authorized☐ Pauper's Case

Transportation of Body Arranged By

## CAUSE / MANNER OF DEATH

☒ Natural☐ Accident☐ Suicide☐ Homicide☐ Undetermined☐ Pending

Primary Cause of Death

Onset to Time of Death Interval

Bronchiolitis  
PneumoniaHours  
Hours

Other Significant Conditions Contributing to Death

☐ Tobacco☒ Other

Pregnant During Last 90 days

☐ Yes ☒ No ☐ Unknown

Autistic

Asthma

Autopsy Performed

☒ Yes ☐ No

## TYPE OF DEATH

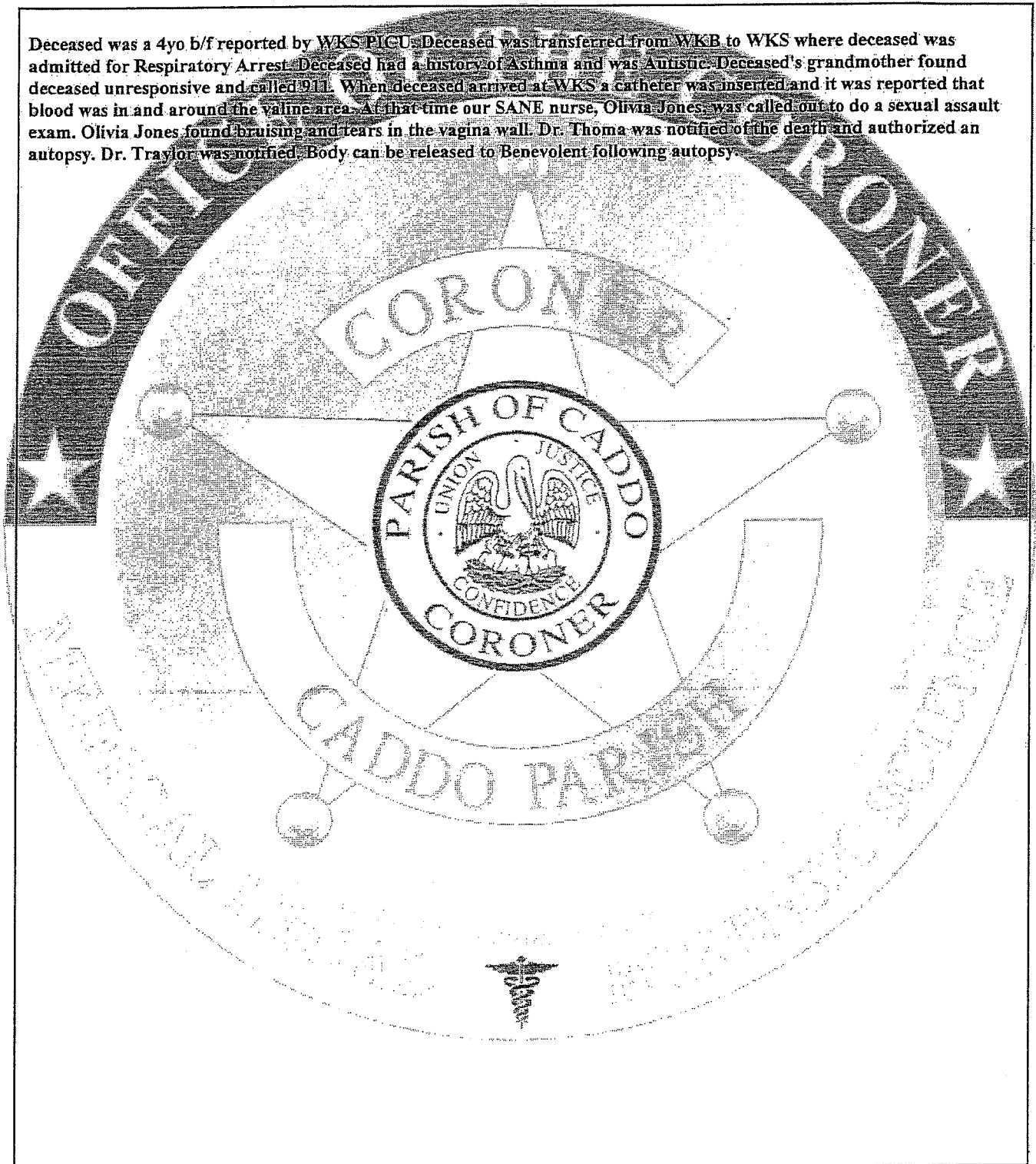
☐ Hospice☐ Under 24 Hr Admit☐ Cremation Only☒ Suspicious, Unusual or Unnatural☐ Reported Out of Parish☐ NACC☐ Found Dead☐ Custody of Law Enforcement☐ Under 1 YOA☐ Suspected Poisoning☐ Communicable Disease☐ Nursing Home☐ Injury/Trauma☐ SUICIDE☐ Suspected Homicide / Suicide

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## CASE NARRATIVE

Deceased was a 4yo b/f reported by WKS PICU. Deceased was transferred from WKB to WKS where deceased was admitted for Respiratory Arrest. Deceased had a history of Asthma and was Autistic. Deceased's grandmother found deceased unresponsive and called 911. When deceased arrived at WKS a catheter was inserted and it was reported that blood was in and around the valve area. At that time our SANE nurse, Olivia Jones, was called out to do a sexual assault exam. Olivia Jones found bruising and tears in the vagina wall. Dr. Thoma was notified of the death and authorized an autopsy. Dr. Traylor was notified. Body can be released to Benevolent following autopsy.





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ADDITIONAL NOTES

